

Site ID		Patient ID		
0	6			

# Emergency Department (ED) Questionnaire

## What is the survey about?

This survey is about your **most recent** visit to the Emergency Department at the hospital named in the letter enclosed with this questionnaire. This department may also be referred to as casualty or the Accident & Emergency Department (A&E). It does not include other wards or units that you might have been moved to whilst you were at the hospital, such as an inpatient ward.

## Who should complete the questionnaire?

The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his/her point of view – not the point of view of the person who is helping.

## Completing the questionnaire

For each question please cross  clearly inside one box using a black or blue pen. For some questions you will be instructed that you may cross more than one box.

Don't worry if you make a mistake; simply fill in the box  and put a cross  in the correct box.

Please do not write your name or address anywhere on the questionnaire.

**Taking part in this survey is voluntary  
Your answers will be treated in confidence**

## Funding Acknowledgement

This study was funded by the National Institute for Health Research (HS&DR) Project Number 14/04/25.

## Department of Health Disclaimer

The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the Health Service and Delivery Research Programme, NIHR, NHS or the Department of Health.

1. How would you rate the service on each of the following? (Please tick a box on each line)



		Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor
A	Service location					
B	Safety					
C	Comfort and cleanliness					
D	Communication (e.g. being told what is happening)					
E	The care and compassion of the staff who looked after you					
F	The tests and treatments received					
G	Any advice or information provided					
H	How you were discharged/when you left					

2. While you were in the Emergency Department, did you feel threatened by other patients or visitors?

Yes, definitely	
Yes, to some extent	
No	

3. Did you feel that any of these NEGATIVE things happened?

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A	Patients or visitors shouted and made a lot of noise					
B	It felt very crowded					

C	It felt chaotic					
D	Patients or visitors affected by alcohol caused problems for staff or other patients					
E	Staff seemed to be spending a lot of time dealing with patients or visitors who were affected by alcohol					
F	I did not feel safe in the Emergency Department					

4. How could the time you spent in the Emergency Department be improved? Write your comments below in the box

5. Overall... (please circle a number)

I had a very poor experience ..... 6 ..... I had a very good experience

0	1	2	3	4	5	6	7	8	9	10

6. When did you arrive in the Emergency department?

Date	D	D	/	M	M	/	Y	Y	Approximate time:	8 to midnight	
	<i>If you cannot remember please leave this blank</i>									Midnight to 4 am	
										Other	

7. How long were you in the Emergency department?

Less than one hour	
Between one and two hours	
Over two hours	

## ABOUT YOU

8. Who was the main person or people that filled in this questionnaire?

The <b>patient</b> (named on the front of the envelope)	
A <b>friend or relative</b> of the patient	
<b>Both</b> patient and friend/relative together	
The patient with the help of a health professional	

**Reminder:** All questions should be answered from the point of view of the person named on the envelope, including these background questions.

9. Are you male or female?

Male	
Female	

10. What was your **year** of birth?

(Please write in) e.g. 

1	9	3	4
---	---	---	---

--	--	--	--

**THANK YOU VERY MUCH FOR YOUR HELP**

**Please check that you answered all the questions that apply to you.**

**Please post this questionnaire back in the FREEPOST envelope provided.**

**No stamp is needed**

Survey tools and processes have been re-produced from the Care Quality Commission: NHS patient experience survey programme. Modifications have been made to accommodate the needs of the EDARA project (NIHR HS&DR 14/04/25). The Care Quality Commission have ownership and copyright of original survey tools, which were developed in collaboration with the Picker Institute Europe and NRC. For further information see <http://www.cqc.org.uk/content/surveys>